



Apr 10 2006

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P. 1

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
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01 FC:1501 1400.00 DA
 02 FC:1504 300.00 DA
 03 FC:8001 APPLICATION 900 DA

FILING DATE

FIRST NAMED INVENTOR

ATTORNEY DOCKET NO.

CONFIRMATION NO.

10733.674

12/1/2003

Leisa Johnson

ONYX1033-CIP2

9520

TITLE OF INVENTION: ONCOLYTIC ADENOVIRUS

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Ann Chihak Roff	(Depositor's name)
Ann Chihak Roff	(Signature)
04/10/06	(Date)

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO	\$1400	\$300	\$1700	07/05/2006		
EXAMINER		ART UNIT	CLASS-SUBCLASS				
MONTANARI, DAVID A		1632	424-093200				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).							
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.							
2. For printing on the patent front page, list							
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
1. <u>Gregory Giotta</u>							
2. _____							
3. _____							
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Onyx Pharmaceuticals, Inc Emeryville, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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Authorized Signature

Gregory Giotta

Typed or printed name

Date April 10, 2006Registration No. 32,028

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